

DIVISION OF ALCOHOL AND SUBSTANCE ABUSE

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DASA TARGET TREATMENT ACTIVITIES

ADMISSION DATE	AGENCY NUMBER

ealth Servic	es										
SECTION I: CLIENT IDENTIFICATION											
1. LAST NAME				2. FIRST NAME			NAME	4. DA	4. DATE OF BIRTH		
SECTION II: TREATMENT ACTIVITIES											
ACTIVITY CODES											
ACTIVITY TYPE (CODE 1) Acupuncture (A) Case Management (M) Childcare (C) Conjoint (with client) (J) Family (without client) (F) Group (G) Individual (I) Methadone/Opiate Dependency Dose Change (R) Patch Analysis (P) Urinalysis Sample (U)				ATTENDANCE (CODE 2) Not Present, Excused by Provider (E) Not Present, Unexcused (N) Present at Treatment (Y)				CHILDCARE TYPE (CODE 3) In-Home Care (H) Licensed Childcare Center (L) Licensed Family/Home Care (C) Not Applicable (N) On-Site Facility (F) Relative Care (R) Therapeutic Center (T) Unknown (U)			
	ACTIVITY TIME		ACTIVITY TYPE (CODE 1)	DURATION ACTIVITY HOURS HRS MIN	ATTEND (CODE 2)	STAFF ID	NUMBER OF CHILDREN	CHILD CARE TYPE (CODE 3)	OPIATE DEPENDENCY DOSE (MG)		
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